

This communication is to address concerns raised by Medicare Part C Health Care Prepayment Plans (HCPPs) and Cost-Based Plans, as well as their enrollees, related to interpretation of the Medicare Fee-for-Service (FFS) Health Care Eligibility Benefit Inquiry and Response (270/271) transaction. The Medicare FFS 271 response returns the Insurance Type Code of “HN”, Health Maintenance Organization (HMO) – Medicare Risk, when the Medicare Part C plan is an HCPP or Cost-Based Plan. In some cases, 270 submitters have been interpreting this as meaning they can not provide services to the patient and/or submit claims to Medicare FFS contractors for these services. For these two types of plans, this is not true.

Background

In July, 2007, Medicare’s Common Working File (CWF) eligibility response transactions expanded Part C plan type descriptions to include HMO, PPO, POS, and Indemnity. This was to address the situation where in many cases, the “HMO” label was being incorrectly displayed because the list of possible plan type descriptions has grown much larger since the creation of the Medicare Advantage programs. Please refer to the following MLN Matters article for more information:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5538.pdf>.

In March, 2008, the Medicare FFS 271 response implemented similar logic to return the same Part C plan data and plan type descriptions as CWF. The only difference from CWF is that the 271 response is not returning the HMO Option Code. The HMO Option Code describes when to bill Medicare FFS even though the beneficiary is in an HCPP or Cost Based-Plan.

270 Submitter Action Needed

Until the 271 response can be modified to include the HMO Option Code, please be aware that the below list of contract numbers (“H numbers”) are all HCPPs or Cost-Based Plans. For these contract numbers, claims for services should be sent to the Part A or B Medicare FFS contractor, as appropriate, for payment.

If you have questions related to services you can provide and/or where to submit claims for services for patients enrolled in a plan described as HMO, as stated in the 270/271 User Companion Guide, contact the specific plan for further guidance.

Contract ID	Organization Name	Contract ID	Organization Name
90091	United Mine Workers of America Health & Retirement	H1553	The M Plan, Senior Smart Choice
H1037	Choice Care Health Plan	H1555	Arnett HMO
H3338	National Health Plan Network, Inc.	H1558	Welborn Health Plans
H4556	Consolidated Assoc. of Railroad Employees HS	H1651	Medical Associates Health Plan, Inc.
H4652	Union Pacific RR Employees Health Sys	H2150	Kaiser Permanente Medicare Plus
H4652	Union Pacific RR Employees Health Sys	H2450	Medica Insurance Company
H4906	C and O Employees' Hospital Assoc.	H2461	Blue Cross Blue Shield of Minnesota
H6053	Santa Fe Employees Hospital Assn.	H2462	HealthPartners Freedom Plan

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Contract ID	Organization Name	Contract ID	Organization Name
H6140	Wabash Memorial Hospital	H3304	Excellus Health Plan, Inc.
H6141	Sidney Hillman HC	H3314	HIP Health Plan of Greater New York
H6142	Union Health Services, Inc.	H3356	Excellus Health Plan, Inc.
H6143	Union Medical Center	H3503	Heart of America Health Plan
H6331	Boro Medical Center	H3851	Regence BlueCross BlueShield Of Oregon
H6334	NY Hotel Trades Council and Hotel Assn. OF NYC	H4564	Scott and White Health Plan SeniorCare
H0502	Contra Costa Health Plan	H5256	Medical Associates Clinic Health Plan of WI
H0602	Rocky Mountain Health Plans	H5264	Dean Health Plan, Inc.
H0657	San Luis Valley HMO	H6050	Kaiser Foundation Health Plan, Inc.
H1200	Kaiser Foundation Health Plan, Inc.	H6052	Kaiser Foundation Health Plan, Inc.
H1251	HMSA's 65C Plus	H6360	Kaiser Foundation Health Plan of Ohio
H1349	Regence BlueShield of Idaho		